



Your business
is our business.

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Greenbelt, Maryland 20770
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June 30, 2016

VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 14-58
2016 ETC Annual Report of Ben Lomand Communications, Inc.
Study Area Code 299001**

Dear Ms. Dortch:

On behalf of Ben Lomand Communications, Inc. JSI files the attached FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

¹ 47 C.F.R. §§ 54.313, 54.422.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Lisa Cope
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address: Email of the person identified in data line <030>	lkcb@blomand.net
	Form Type	54.313 and 54.422

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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<035>	Contact Telephone Number - Number of person identified in data line <030>	931684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkcb@blomand.net

No

Page 3

**(300) Unfulfilled Service Request
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
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<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316684131 ext.2001
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkcc@blomand.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
299001TN510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	299001TN610.pdf

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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[illegible]

**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net
<810>	Reporting Carrier	Ben Lomand Communications LLC
<811>	Holding Company	Ben Lomand Holdings Inc.
<812>	Operating Company	Ben Lomand Communications LLC

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate
comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband
comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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299001TN1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.benlomandconnect.com/local-long-distance/local-service-pricing>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support
- <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support
- <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 1 or Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2000) Price Cap Carrier Additional Documentation (Continued)**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

cap carrier used for capital expenditures in 2015.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

**(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form**

FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lkcb@blomand.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<div></div>
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<div></div>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<div></div>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<div></div>

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: BEN LOMAND COMMUNICATIONS, INC.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2016
Printed name of Authorized Officer: Lisa Cope	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 9316684131 ext.2001	
Study Area Code of Reporting Carrier: 299001	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date: 06/29/2016
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Ben Lomand Communications, LLC's demonstration of complying with applicable service quality standards and consumer protection rules for voice and broadband services:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

As a Commercial Company, Ben Lomand Communications, LLC is governed by the rules of the Tennessee Regulatory Authority (“TRA”) for service quality standards and consumer protection rules. Additionally, Ben Lomand has incorporated consumer protection rules comparable to those required of incumbent LECs in the State of Tennessee, which meet or exceed existing TRA rules. These procedures include, but are not limited to, the following: (1) publishing the rates, terms, and conditions of service; (2) implementation of anti-slamming and consumer protection procedures; (3) modeling bill presentation to reflect the truth-in-billing

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customer and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy. *Id.* at n. 71.

⁴ *Id.* at n. 72.

requirements; and (4) CPNI, Red Flag Rules, and other applicable federal requirements governing the protection of customers' privacy.

Ben Lomand is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in 47 CFR § 8.3.

Ben Lomand Communications’ demonstration of ability to function in emergency situations for voice and broadband services:

Ben Lomand Communications, LLC (“Ben Lomand”) hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R § 54.202(a)(2)¹. Ben Lomand’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). Ben Lomand can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Ben Lomand to manage traffic spikes throughout its network, as emergency situations require. In addition, Ben Lomand has redundancy for connectivity purposes *via* additional routes and electronic equipment for voice and broadband services.

As a commercial company, Ben Lomand is governed by the Rules of the Tennessee Regulatory Authority (“TRA”), Chapter 1220-4-2-.23 Emergency Operation. Additionally, Ben Lomand is in compliance with Federal emergency situation rules regarding emergency power. By adhering to both governing body requirements, Ben Lomand meets or exceeds existing TRA rules for emergency operations. Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to remain operational until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Ben Lomand has battery backup at all office locations and in its electronic equipment sites.

¹ Section 54.202(a)(2) requires ETCs that are designated by the commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all central office locations. They will continue to run as long as Ben Lomand has access to fuel.

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

[illegible]

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

OMB Control No. 3060-0986/OMB Control No. 3060-0819

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Cope
<035>	Contact Telephone Number - Number of person identified in data line <030>	931-668 ext.4131
<039>	Contact Email Address - Email Address of person identified in data line <030>	lkc@blomand.net
<810>	Reporting Carrier	Ben Lomand Communications LLC
<811>	Holding Company	Ben Lomand Holdings Inc.
<812>	Operating Company	Ben Lomand Communications LLC

[illegible]



Lifeline Application

Name: (Please print) Last _____ First _____ Middle _____

Address: (No P.O. Boxes) Street _____ City _____ State _____ Zip _____

Billing address: (if different than above) Street _____ City _____ State _____ Zip _____

Is this address ☐ Permanent ☐ Temporary ☐ Multi-Household Number of people in your household _____ DHHR Case #. _____

Telephone Provider: _____

Tel. # (MUST be in your name) (_____) _____ - _____ Tel. # where you can be reached (_____) _____ - _____

1. I am currently participating in the following program(s): *Check all that apply.* For verification, please provide proof by sending a copy of the programs benefit statement, notice, letter or other official participation document. *NOTE: DO NOT SEND ORIGINAL DOCUMENTS – ORIGINALS WILL NOT BE RETURNED

- | | |
|--|--|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)* | <input type="checkbox"/> Medicaid* |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8)* | <input type="checkbox"/> Supplemental Security Income (SSI)* |
| <input type="checkbox"/> National School Lunch Program's free lunch program* | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)* |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) formerly Foodstamps* | <input type="checkbox"/> Other income-related Federal or State program * |

*If the proof that you are sending is not in your name, you MUST fill out the statement below.

☐ I CERTIFY THAT _____ (name on proof) IS A MEMBER OF MY HOUSEHOLD AND IS NOT ALREADY RECEIVING LIFELINE BENEFITS.

OR 2. ☐ I do not participate in any programs listed in #1 above but my monthly household income is at or below the Federal Poverty Guidelines of \$1,324.00 for a 1 person household, \$1,792.00 for a 2 persons, \$2,260.00 for 3 persons, \$2,728.00 for 4 persons, \$3,196.00 for 5 persons and \$468.00 for each additional person For verification, please provide proof of income for each source.

NOTE: DO NOT SEND ORIGINAL DOCUMENTS – ORIGINALS WILL NOT BE RETURNED.

3. To be completed by ALL customers regardless of your selections in Sections 1 & 2.

I certify under penalty of perjury: *Initial by each Certification line below:*

- _____ (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de-enrollment and may result in me being barred from the program.
- _____ (2) I am a current recipient of the program checked above, or have an annual household income at or below the Federal Poverty Guidelines listed above
- _____ (3) I understand that my household can only have one Lifeline-supported telephone service. Telecommunications provider has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government
- _____ (4) I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses
- _____ (5) I understand that my Telecommunications provider lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low-income customer.
- _____ (6) I will notify Telecommunications provider within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify Telecommunications provider. Specifically, I will notify Telecommunications provider if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3) I no longer satisfy the criteria for receiving Lifeline support
- _____ (7) I will notify Telecommunications provider within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with Telecommunications provider every 90 days. If I fail to respond to Telecommunications provider address verification attempts within 30 days, my Lifeline service may be terminated.
- _____ (8) Telecommunications provider has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my Telecommunications provider Lifeline service will be terminated.
- _____ (9) I authorize and understand that Telecommunications provider may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, social security number, address and phone number
- _____ (10) I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.
- _____ (11) I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.
- _____ (12) I have provided documentation of eligibility along with this application

Applicant Signature _____ Date of Birth (xx/xx/xxxx) _____ Last 4 digits of SS# _____ Date _____

Ethnic Background (Optional): This information is for statistical purposes only.

☐ African-American (Black) ☐ American Indian ☐ Caucasian (White) ☐ Hispanic ☐ Other

Do not write below this line _____

___ Approved ___ Denied ___ Lifeline Total Gross Income \$ _____

Representative _____ Date _____

BEN LOMAND CONNECT

Telephone: 931-668-4131
311 N Chancery St P O Box 670

Website: www.blomand.net
McMinnville, TN 37111-0670

November 1, 2014

Attn: Current Lifeline Assistance Participant

Our records indicate you currently receive the "Lifeline Assistance" credit on your Ben Lomand Connect monthly telephone bill.

The Tennessee Regulatory Authority (TRA) requires that all recipients of "Lifeline Assistance" re-qualify twice a year. To re-qualify, you must furnish us with proof of your eligibility by presenting one of the following ~~dated within the past two weeks~~:

1. **Food Stamps** A current printout from Department of Human Services stating you are on the program.
2. **LIHEAP** Low Income Home Energy Assistance. Proper documentation showing you currently qualify for this assistance from your electric company
3. **Medicaid** A current printout from Department of Human Services stating you participate in the program.
4. **NSL** National School Lunch Program. Printout from school stating your child or children participate in program.
5. **SSI** Supplementary Security Income. A letter from the Social Security Administration stating that you are a current SSI fund recipient.
6. **TANF** Temporary Assistance for Needy Families. Proper documentation showing you currently qualify for this assistance from Department of Human Services.

In order to continue receiving the "Lifeline Assistance" credit, ***we must receive your proof of eligibility by November 1, 2014.*** If proof of eligibility is not received by this date, the credit will be removed from the **December 1, 2014** bill.

If you do not qualify for "Lifeline Assistance" under any of the six guidelines listed above, you may qualify by your income. To find out if you qualify, call the TRA @ 1-800-342-8359 ext 158.

Please fill out the short form enclosed and mail it along with your proof of eligibility to:

Ben Lomand Connect
311 N Chancery St
McMinnville, TN 37110

To re-qualify in person, please stop by our office between the hours of 8:00 to 5:00 pm on Monday thru Friday. Our office locations are:

311 N Chancery St
McMinnville, TN 37110
Ph 931-668-4131

or

502 Ben Lomand Dr
Sparta, TN 38583
Ph 931-738-2201

or

43 Main St
Tracy City, TN 37387
Ph 931-592-2121

If you have questions, feel free to call our office.

Sincerely,
Avalyn Lacy

To Whom It May Concern

I presently receive the following benefits in my name. My telephone service is also in my name.

To insure your privacy, all proof of benefit documentation will be shredded.

_____	Food Stamps	
_____	LIHEP	Low Income Home Energy Assistance
_____	Medicaid	as provided under TennCare
_____	NSL	National School Lunch Program
_____	SSI	Supplemental Security Income
_____	TANF	Temporary Assistance for Needy Families

To qualify by low income, call the TRA@ 1-800-342-8359 ext 158 for more information.

Are you currently receiving lifeline benefits from another phone company? (landline or cellular)

Yes _____ No _____ Name of Company _____

I would like to apply for Lifeline Assistance for my telephone number at address:

Area Code _____

**Telephone number _____

**Date of Birth _____

**Social Security # _____

Print Name _____

Signature _____

Benefits verified by _____

Ben Lomand Connect Rep.

_____ Date

****Required fields**



Do you need help

paying for
**Telephone
Service?**



You are
eligible to enroll
in the Lifeline program
if you participate in
one of the following:

Tennessee criteria:

- Food Stamps
- Medicaid
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)
- Free Lunch Program

OR live in Section 8 federal housing.
*(Section 8 only. HUD and other federal
programs may not automatically qualify).*

What is the Lifeline Program?

Established by the FCC to ensure that telephone service is available and affordable for low income telephone subscribers. Administered by the TN Regulatory Authority, the Lifeline program reduces the monthly local service portion of your telephone bill.

Lifeline does not assist with the long distance portion of your bill or with special features such as Caller ID or Call Waiting.



Two Ways to Apply for Lifeline:

If you receive one of any of the available public assistance programs (see list on front), call Ben Lomand Connect to provide you with an application.

OR

If you "DO NOT" receive public assistance, you may qualify if your total household gross monthly income is equal or less than the amounts found in the Gross Monthly Income table on the TRA website at www.tn.gov/tra/consumerfiles/teleassist.shtml

**Tennessee Regulatory Authority
Consumer Services Division
460 James Robertson Parkway
Nashville, TN 37243-0505
1-800-342-8359 (voice)
1-888-276-0677 (TTY)
615-741-8953 (fax)**



800.974.7779 • www.blomand.net

CITY Local Service & Pricing

SERVICES FOR CITY OF MANCHESTER, MCMINNVILLE AND SPARTA CUSTOMERS

Residential Installation Charge:	\$25.00 (one time)
Premise Visit:	\$30.00 (one time)
Service Connection Charge:	

Residential Basic Phone Line: Manchester	\$10.00* (monthly)
McMinnville & Sparta	\$12.00* (monthly)

[Explanation of Your Telephone Bill](#)

Inside Wire Maintenance (optional):	\$2.00 (monthly)
-------------------------------------	------------------

[Explanation of Inside Wire Maintenance](#)

Do you need help paying your telephone service?
Click on the link below to learn if you are eligible to enroll in the Lifeline program.

[Learn more . . .](#)

*Additional charges apply, please see "Explanation of Your Telephone Bill".

[Support & Service](#)

Customer service and tech support for Internet, Phone and TV service.

[Online Billing](#)

Go paperless - view and pay your bill online.

[Ben Lomand Connect Stores](#)

Pay your bill, learn about our services, get questions answered and more.

[Online Yellow Pages](#)

Local search made simple – find local businesses phone numbers and addresses online.



CURRENT WEATHER CONDITIONS:

CROSSVILLE, CROSSVILLE MEMORIAL-
WHITSON FIELD AIRPORT, TN
LAST UPDATED ON JUN 23 2016, 8:53 AM CDT

WEATHER BY [NOAA](#)



**CURRENT CONDITIONS: A
FEW CLOUDS**

TEMP: 79°F

WIND: WEST AT 15MPH

DEWPOINT: 69.1°F
HUMIDITY: 72%

CITY Long Distance Plans & Pricing

INTERNATIONAL ACCESS NUMBERS

SERVICES FOR CITY OF MANCHESTER, MCMINNVILLE AND SPARTA CUSTOMERS

1200 Nationwide Plan **\$39.95 per month**

1200 minutes per month –anywhere within the United States
Additional minutes over plan: 10cents per minute

600 Nationwide Plan **\$21.95 per month**

600 minutes per month of direct calling to anywhere within the USA.
Additional minutes over 600 will be charged \$0.10 cents per minute.
The 50% neighbor to neighbor discount does not apply to this plan.
Current Universal Service Fund (USF) charges of the total interstate long distance charges will apply.

7 Cent Plan **\$5.95 per month**

Direct Dial calls are \$0.07 cents per minute anytime, anywhere within the USA (billed in 6 second increments with 18 second minimum).
Calling Card calls are \$0.15 cents per minute anytime with a 50 cents surcharge per call (\$0.55 cents surcharge from payphones).
Toll Free calls \$0.15 cents per minute anytime / \$3.00 charge per month / \$10 installation fee / \$0.55 payphone surcharge.
Interstate Toll, Calling Card and Interstate Too Free usage will be assessed the current Universal Service Fund (USF) charge.

10 Cent In/Out Plan **No Monthly Fee** (3 month minimum required)

Direct Dial calls are \$0.10 cents per minute anytime, anywhere within the USA.
Calling Card calls are \$0.15 cents per minute anytime with a \$0.50 cents surcharge per call (\$0.55 cents surcharge from payphones).
Toll Free calls \$0.15 cents per minute anytime / \$3.00 charge per month / \$10 installation fee / \$0.55 payphone surcharge.
Interstate Toll, Calling Card and Interstate Too Free usage will be assessed the current Universal Service Fund (USF) charge.

Unlimited Plan **\$29.95 per month**

Direct Dial – anywhere in the domestic US. Call office for details.
Residential voice calls only. Data calls will be billed at \$0.10 per minute.

Calling Card Information

\$0.15 per minute anytime, anywhere in the U.S.

\$0.55 per call surcharge

\$0.55 per call pay phone surcharge

Toll Free Service

\$3.00 per month (residential)

\$5.00 per month (business)

\$0.15 per minute anytime, anywhere in the U.S.

Toll free installation fees: \$10.00 (residential) and \$20.00 (business); \$0.55 per call pay phone surcharge applies. Current Universal Service Fund charges of the total interstate long distance charges will apply. Interstate toll, calling card & interstate toll free usage will be assessed the current Universal Service Fund Charge. All BLC calling plans are bill one month in advance.

International Access Numbers

All Residential Calling Plans are billed one month in advance.

Support & Service

Customer service and tech support for Internet, Phone and TV service.

Online Billing

Go paperless - view and pay your bill online.

Ben Lomand Connect Stores

Pay your bill, learn about our services, get questions answered and more.

Online Yellow Pages

Local search made simple – find local businesses phone numbers and addresses online.



[Store Locator](#) [Terms & Conditions](#) [Privacy Policy](#) [Acceptable Use Policy](#) [DMCA Policy](#) [Tariffs](#) [Internet/Network Practices](#) [Contact Us](#) [The Connection](#)

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CURRENT WEATHER CONDITIONS:

CROSSVILLE, CROSSVILLE MEMORIAL-

WHITSON FIELD AIRPORT, TN

LAST UPDATED ON JUN 23 2016, 8:53 AM CDT

WEATHER BY [NOAA](#)



**CURRENT CONDITIONS: A
FEW CLOUDS**

TEMP: 79°F

WIND: WEST AT 15MPH

DEWPOINT: 69.1°F
HUMIDITY: 72%

YOUR 5-DAY FORECAST AT A
GLANCE